

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Free Enterprise Committee

(b) Address (number and street)

☐ check if different than previously reported

1850 M St., NW Suite 800

(c) City, State and ZIP Code

Washington

DC

20036

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
02 / 27 / 2006

through

M M / D D / Y Y Y Y
03 / 01 / 2006

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
03 / 01 / 2006(b) Communication Title Pop-up Liberals

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?

Yes ☐No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

E. O'Brien Murray

(b) Address (number and street)

1850 M St., NW Suite 800

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Free Enterprise Committee

(e) Occupation

Executive Director

9. Total Donations This Statement

200000.00

10. Total Disbursements/Obligations This Statement

175000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

E. O'Brien Murray

SIGNATURE

DATE 03/02/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

SCHEDULE 9-A
Donation(s) Received

PAGE 3/4

A. Full Name of Donor Bob Perry			Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2008	
Mailing Address of Donor 8000 Gulf Freeway			Amount 200000.00	
City Houston	State TX	Zip 77017	Transaction ID : SAF92.000001	
SUBTOTAL of Donations This Page (optional)			200000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			200000.00	

73001067007
 28039010084

SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 4/4

A. Full Name (Last, First, Middle Initial) of Payee Thompson Communication's Inc.				Date of Disbursement or Obligation M M / D D / Y Y Y Y 02 / 27 / 2006	
Mailing Address of Payee 142 E 1st St				Amount 175000.00	
City Mountain Grove	State MO	Zip Code 65711		Communication Date M M / D D / Y Y Y Y	
Name of Employer			Occupation		
Purpose of Disbursement (including title(s) of communication(s)) Ad production and air time buy					
Name of Federal Candidate Tom DeLay	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX	District: 22	Disbursement/Obligation For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	
F94.000001					
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	175000.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	175000.00

200609100815

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
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<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
-----------------------------------------------------------------	-----------------

<input checked="" type="checkbox"/> Other (Specify): <i>Web</i>	Date of Receipt or Postmarked <i>3-3-06</i>
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<i>JMB</i> PREPARER	<i>3-3-06</i> DATE PREPARED
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